

# Minutes

## ETHNIC HEALTH ADVISORY COMMITTEE

March 12, 2007

5:00 – 7:00 PM

Cannon Health Building

Room 114

	Committee	UDOH Liaisons	Committee Staff	Guests
<b>Members</b>	Aida Santos Mattingley Betty Sawyer Dena Ned Doriena Lee Ellen Selu Heru Hendarto Jesse Soriano K. Kumar Shah Kyum Koo Chon Leanna Vankeuren Luz Robles Robert Kagabo Sabrina Morales Sam Folau Shawn M. Jimerson Suri Suddhiphayak Sylvia Garcia Rickard	Patti Fuhriman Elizabeth Heath Walt Torres Nasrin Zandkarimi Melissa Zito Kathryn Rowley	George Delavan Owen Quiñonez Matt Montoya Janae Duncan	
<b>Excused</b>	Aida Santos Mattingley Suri Suddhiphayak K. Kumar Shah Kyum Koo Chon Sam Folau	Nasrin Zandkarimi	Taaga Gautavai-Tauvao Marianne Fraser Susan Hall William Greer Judi Hilman	
<b>Attendees:</b>	Doriena Lee Jesse Soriano Betty Sawyer Ellen Selu Luz Robles Robert Kagabo Sabrina Morales Shawn M. Jimerson Sylvia Garcia Rickard Heru Hendarto Leanna Vankeuren	Patti Fuhriman Walt Torres Kathryn Rowley	George Delavan Owen Quiñonez Janae Duncan	Mary Catherine Jones, DCFS Jacky Stokes, Medicaid Siuea Pete Kupu

Agenda topics								
1.	Call to order, welcome, introduction	Sylvia Rickard						
<p><b>Discussion:</b>  The meeting was called to by Sylvia Rickard who welcomed and introduced everyone.  Suri Suddhiphayak recently had surgery-Sylvia will take flowers and a card from EHAC</p> <p><b>Conclusions:</b></p>								
<p><b>Action items:</b></p> <table> <tr> <td></td><td><b>Person responsible:</b></td><td><b>Deadline:</b></td></tr> <tr> <td></td><td>None</td><td>None</td></tr> </table>				<b>Person responsible:</b>	<b>Deadline:</b>		None	None
	<b>Person responsible:</b>	<b>Deadline:</b>						
	None	None						
2.	Review / approval of January 16, 2007	Sylvia Rickard						
<p><b>Discussion:</b>  No changes to minutes</p>								
<p><b>Motion:</b> Jesse motioned to accept minutes, seconded by Betty</p>								
<p><b>Conclusions:</b> Motion passed</p>								
<table> <tr> <td><b>Action items:</b></td><td><b>Person responsible:</b></td><td><b>Deadline:</b></td></tr> <tr> <td></td><td></td><td></td></tr> </table>			<b>Action items:</b>	<b>Person responsible:</b>	<b>Deadline:</b>			
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3.	EHAC Retreat	Sylvia Rickard						
<p><b>Discussion:</b>  Length: Retreat will be about 6 hours  Discussion of suggested dates: Monday evening, Saturday morning or a Friday. Some EHAC members suggested Thursdays or possibly breaking the retreat into 2 evening meetings. The group concluded that Friday and Saturdays work best.  Location: UDOH is an option, or Natural Resources Building-CMH will look at options based on the date selected. Note taken that group prefers a location with windows.</p> <p>Sylvia called for a vote to determine if Fridays or Saturdays work better. The final count was Saturday-8 and Friday-7. Members voted based on preference, but some can be flexible. CMH will send email to EHAC membership by March 13<sup>th</sup> to determine the best option out of 3 following dates: April 21, May 18 or 19. EHAC membership agreed to respond to the email by March 20<sup>th</sup>. Email will also request input for the retreat agenda.</p> <p>Why the retreat? What is the purpose?</p> <ul style="list-style-type: none"> <li>Decide objectives-short term and long term, 1 yr., 2 yr and 5 yr</li> <li>Discuss membership protocols and issues-suggestion was made to ave membership submit every 6 months a brief report of what is going on in their community-so that we can coordinate and work together for funding.</li> <li>Establish Goals-short term and long-up to 5 years</li> <li>Discuss subcommittees</li> <li>Recognize and talk about achievements that EHAC has had-short term goals and action items.</li> <li>HP 2010</li> </ul>								

How can we better use EHAC as a resource to help our communities-gather ideas to discuss at the retreat. Share examples of how EHAC has helped communities in the past.

Sylvia requested that everyone submit an updated bio so that the community knows who is serving on EHAC. The brief bio should include contact information that will be posted on the CMH webpage. CMH can send a format so that it will be uniform information and presentation.

HP2010 Discussion-How can HP2010 be used to guide EHAC priorities?

? The question was raised by Betty-How do we receive HP2010 updates? How do we know how we are doing? Knowing how we are doing and what is being done can help move our agenda. Without something definitive like HP2010 to guide us small entities do not know where to start or what to do.

**Answer from Owen:** The Health Status report is done every 5 years by compiling 5 years of. It is not done annually because the numbers are so small. CMH completed a report based on specific indicators to show how we are matching up to HP2010.

? Betty further questioned-Am I to assume that someone in the UDOH is working on those indicators for all groups?

Answer from Owen: Lois Haggard compiles the data

**Dr. Delevan suggested** that we make this a topic of discussion at the retreat. Discussion could include: how you would like that information made available? What information would you possibly be interested in annually. Consider organizing a committee to look at data and pursue it-to look at what is available and what can we do.

Other discussion points relating to HP2010:

- It would be nice to have descriptions where we don't have numbers to see what is going on.
- There is an IBIS training is also available April 20 in July to help communities better access this information.
- Regarding data collection, is this the group to talk about how to bring it all together? How do we pay for it? What can we do to collect this data? How can we collaborate? What may be a proposed plan to get more adequate numbers?
- Everything hinges on data, so let's focus on it.
- We need to think about how data is used once we have it. What does it really mean? Include Lois Haggard and HP data team chair should be included in data collection efforts to utilize existing resources. Some of the resources include HEDIS data (Healy Kaufman) and BRFSS (Kathy Marty)
- MHN will have a data subcommittee-maybe the best way is to use the MHN so that we are not duplicating efforts.
- What are programs at the UDOH already doing to address disparities? We would like to see a breakdown on funding for community outreach-where it is going and what is already being done.
- Prioritize indicators and then move forward-utilize HP2010 and focus on those specific areas at the retreat.

### Conclusions:

Retreat should help EHAC focus and set appropriate goals based on data and past accomplishments.

### Recommendations:

See agenda items listed above

#### Action items:

Email for vote

Person responsible:

CMH

Deadline:

March 13

Bio information request

CMH

EHAC retreat

EHAC agenda

EHAC Executive Comm.

4.	Medicaid Data	Jacky Stokes
	<p><b>Discussion:</b></p> <p>Jacky was invited to present a clearer picture of Medicaid data. What is collected, what is not collected and what are the future possibilities for evaluating access.</p> <p>Key points from Jacky's presentation:</p> <ul style="list-style-type: none"> <li>• Medicaid data is limited-nothing special captured for ethnicity</li> <li>• OMB requires minimal information collected</li> <li>• Applicants are asked to declare according to existing specified categories</li> <li>• Ethnicity data is not used for anything and not reported.</li> </ul> <p>? Luz has seen numbers for CHIP and Medicaid on race and ethnicity. We want to know who applies and who qualifies?</p> <ul style="list-style-type: none"> <li>• Annual Medicaid report does not include race and ethnicity data.</li> <li>• Declaring race is optional but it does tell you something.</li> </ul> <p>? How does application process work</p> <ul style="list-style-type: none"> <li>• One application is for all...hierarchy...what are they not eligible for? What are they eligible for-40 different Medicaid programs. Reports could be prepared-find out who is enrolled in Medicaid.</li> </ul> <p>? Applicants may be denied because of misunderstanding...how does that happen? How can we track that? If we don't know how many people apply and what is the reason why they don't</p> <ul style="list-style-type: none"> <li>• Denied applications are assigned a code for reason-if people don't come back it is difficult to know why-coded as denied for not submitting needed information...but, Medicaid does not know why...we can do denials and approved by race and ethnicity.</li> </ul> <p>Luz indicated that Jacky was very helpful and that EHAC would like to get those numbers including a break down of membership and break down of application. Access to health becomes an issue. Poverty rates are high...they should be in these programs. She went on to say that Governor Huntsman wants to see the uninsured rate decline and that is done through government programs.</p> <p>Jacky responded that Medicaid is doing what they can to figure out what is working right-eligibility workers are going to DWS so that all eligibility requests can be handled in one place. DWS are in big buildings and do not encourage face to face. UDOH eligibility workers are in the community. These changes may be difficult for the community. DWS wants to serve people well, but they have a different approach to accessing the community. Give feedback to DWS. That will change the dynamics. Case loads are going down, but there are more uninsured and this is a difficult dynamic to understand.</p> <p>Owen mentioned that community agencies often help community apply...maybe this is an approach for the future,</p> <p>Jacky responded that Medicaid has tried block grants to the community...willing to try again...groups can help the community access the applications and participate in the process through the internet...this is where community groups can help. Application allows a helper to be listed. Applicants may fail...shouldn't be scary...keep asking questions until you understand and then get it to them as quickly as possible. Interpreters available, but there are still community barriers.</p> <p>Luz mentioned HB 278-Tanif and Medicaid mini-grants will go-not approved interim study</p> <p><b>Pete</b> mentioned that he would like to know the reason that people in the community are denied so that he can best help. It would also be helpful to know more information about the 40 programs.</p> <p><b>Jacky's</b> response was to let community folks know that if they have medical needs that you can't afford they should apply and Medicaid will see how they can help. Jacky showed a document that contains a summary of programs for those who are interested. It describes who qualifies and what benefits they will receive. She also emphasized that it is not important to know the details of every program because one application will apply for all.</p> <p><b>Pete</b> mentioned that the community is not aware that the programs are interrelated and more details are helpful. Jacky made summary document available.</p>	

**Jacky** emphasized again that eligibility workers will not send people away if there is any possibility of eligibility they will do all that they can to help. Teach the community members that to serve themselves well they should apply, talk to the worker, ask questions and find out why they were rejected so that you can reapply when your situation fits. Then apply again!

**Sabrina** asked if Medicaid collects data on how many applicants use an interpreter to apply. And how many are rejected through an interpreter.

**Jacky** responded that Medicaid can tell you if the interpreter is paid for, but other interpreters (including family members and bi-lingual employees) are not included. Medicaid pays for interpreters for application process. DWS uses bi-lingual employees therefore it is not known how often they are used. Theoretically language should not be a barrier in the application process because interpretation is available.

**Owen** asked how race and ethnicity are asked in the application. He wondered if it would make a difference if it was presented differently and the community understood why the data was needed.

**Jacky** responded that the application asked the applicant to self declare according to the 6 federally recognized groups. She went on to say that Medicaid could possibly use a disclaimer stating that this declaration will not affect eligibility. People have complained about categories listed. Data can be generic. Therefore it may be difficult to tell what impact new citizenship rules had on Medicaid enrollment.

**Luz** speculated that we may see a decrease in enrollment by the elderly and people with disabilities because it is difficult for them to gather birth certificate information. There are unintended affects to some of these new laws that should be documented.

**Jacky** agreed that new regulations are slowing things down.

**Luz** expressed some concerns relating to the paper reduction act. This law has an unconstitutional affect on US children born to undocumented mothers. It creates 2 classes of citizens. Luz asked Jacky to clarify what is Utah doing to comply with this law?

**Jacky** mentioned that Utah found a letter saying to cover these kids. There seems to be a double message to implement new law and to maintain coverage, so Utah is slogging along to implement. Implementation is planned for July 1<sup>st</sup> but they are hoping it will change before then.

**Luz** further expounded that Medicaid covers delivery and baby and that the government gives them a year of Medicaid coverage, however under the new law CMS now requires that the baby apply using birth certificate in order to re-determine eligibility. This means the baby may not have eligibility for several months. A Lawsuit was filed against CMS and the federal government claiming that this new law is a violation of citizenship.

**Jacky** ended her presentation by saying that workers can help explain benefits and how these laws will affect coverage. We need to all that we can to reduce and eliminate barriers. Eligibility is not determined based on citizenship, even if someone is not a citizen they may be eligible for emergency services whether or not they are here legally or illegally. We don't want to do anything to discourage care.

## Conclusions:

### Action items:

Person responsible:

Deadline:

Medicaid reports

Jacky Stokes/Owen

Before retreat

5.	CMH Cultural Competency Project	Dulce Diez
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**Discussion:**

The cultural competency project will help state and locals work better with community through implementing CLAS standards. It is a one year project in which CMH will provide training and help to programs in order to develop a plan to implement and take ownership. The cultural competency training is based on the Cross Cultural Health Program in Seattle. The programs CMH is working with this year includes:

- UDOH-Asthma Program
- UDOH-Heart Disease and Stroke Prevention Program
- Utah County-Health Promotion and Nursing
- Summit County-Nursing

Each program has a different work plan to address specific needs. The first training was held in August. It included an introduction to CC and CLAS standards and assistance in identifying areas for improvement. Follow-up focused on providing assistance to develop a work plan. In February, the second workshop focused on specific areas of interest and work. Presentations included examples of how plans can be implemented-topics included outreach to Native American community, alternative medicine, translation and interpretation and how to make community clinics more accessible and friendly to the community. Plans are now being implemented. In August there will be a final meeting to present project outcomes and evaluate the project. Through this project we have identified that state and locals have different needs and approaches. The state programs have integrated cultural competency improvement strategies into 5 year plans. LHDs are working on specific projects. CMH has focused on testing different ways to work on CLAS standards, these trainings are not just presentations, instead they focus on helping programs take ownership of the project and then CMH helps them and they do the work.

Dr. Delevan asked if this works, what happens next.

We will see what happens. This project may identify model processes and programs to share with other programs and LHDs.

Sabrina asked if EHAC can we get copies of the presentations from the cultural competency trainings?

Yes, presentations and contact information of presenters can be made available.

EHAC further questioned if CMH will try a similar program with smaller community agencies? CMH is starting with public agencies.

<b>Conclusions:</b>		
<b>Action items:</b>	<b>Person responsible:</b>	<b>Deadline:</b>
6.	Updates	George Delevan Owen Quiñonez Sabrina Morales
<b>Discussion:</b>		
UDOH (Dr. Delevan)-		
<ul style="list-style-type: none"> <li>It was a good year at the legislature.</li> <li>Medicaid was funded for all they asked for adult dental on one time basis, same with adult vision. Basic growth funded as requested.</li> <li>CHIP fully funded at governor's request. Open enrollment starting July 1<sup>st</sup> will cover 10,000 additional children. Medicaid sees increase when CHIP is increased.</li> <li>Early intervention a little over 2 million to keep up with growth and increase provider reimbursement</li> <li>Birth defects network funded</li> <li>One time funding for immunizations-for under-insured children</li> <li>Primary Care grants ongoing and additional-put money out in grants starting in July</li> <li>Cervical cancer \$25,000 on-going funds for education and prevention</li> <li>No funding for CMH</li> </ul>		
CMH (Owen Quiñonez)-		
<ul style="list-style-type: none"> <li>CMH participated in a Moab outreach activity</li> <li>CMH received an Innovation award of \$10,000 to educate providers on CLAS standards. This funding expanded the program to work with Medicaid doctors. EHAC requested a list of doctors' offices that have participated.</li> <li>CMH is collaborating with other departments and divisions on a cultural competency project</li> <li>Still working on qualitative report-plan to have report by August. Qualitative report follow- up will include working with programs included to implement recommendations.</li> <li>CMH is working on cultural competency training for health department employees. It will be 1-2 hours and part of training for new employees.</li> </ul>		
MHN-		
<ul style="list-style-type: none"> <li>Set back with only part time coordinator-difficult to keep someone in part-time/non-benefited position.</li> <li>Third coordinator for MHN has been hired-Isabel Rojas. She graduated from U of U in Health Promotion. She has committed to a stay with MHN for at least a year. Her schedule will be Monday, Wednesday, and Friday 7 to 3. She will be responsible to coordinate the 3 MHN committees. MHN is very excited to have Isabel join the team!</li> <li>The MHN Steering committee will include chairs from each of the 3 committees.</li> <li>By joining forces MHN can be a power house for the state on multicultural health issues through a strong united voice. Example consider the power in combining the 150 members of the Utah Latino Network working on Tobacco Issues with the membership of Harambe working on issues that affect the African American Community, the Hispanic Health Care Task Force and EHAC-these are just a few of MHN partners. All EHAC members are invited to come to the meetings and contribute to the actions. Meetings of committees coming out this week including a list meetings and times.</li> <li>At these committee meetings coming up we will review and establish goals and priorities. These are the meetings of the year to participate in. This is your opportunity as members of EHAC to have a say in what MHN will be working on.</li> <li>August 10 is the big MHN disparities conference. MHN is inviting Orrin Hatch and Gov. Huntsman. Brian Smedley will also be there. He is the one who wrote the letter to congress addressing health disparities.</li> </ul>		
<b>Conclusions:</b>		

Action items:	Person responsible:	Deadline:
List of Dr's offices that participated in CLAS standards training through Innovation Award	CMH	
7. Other/Announcements		All
<p><b>Discussion:</b></p> <p>Tagai and Pete-brief introductions and resumes will be sent</p> <p>Only Pete was in attendance at the meeting-Following is his brief introduction:  From Tonga, came in 1973, pharmacist since 84-licensed in UT. He is married with 6 kids, 2 grandkids, does Tongan radio show-KRCL, wrote health articles for Methodist church in Tongan, publishes articles and uses topics on radio show. His coordinator from the radio recommended participating in EHAC. Pete said that islanders have different needs and he would like to share the Tongan needs and be able to help growing community that is approaching 10,000 many who are 20 and under. His greatest health concerns for the community are breast cancer and diabetes because when you look at data cancer kills the Tongan not diabetes. The community hears a lot about diabetes, but they need to focus on cancer as well. He believes that in working with EHAC he can bring greater focus. He said that he was comfortable to be in the EHAC meeting and looks forward to working together.</p> <p>An email will be sent to vote on membership.</p> <p>Many of the EHAC members have radio programs on KRCL that address different community groups. EHAC requested a list of programs on KRCL-considering sharing this with programs and community by posting it on the website.</p> <p>UCAN link to EHAC-opportunities for communities posted to website</p> <p>Asian Association of Utah (AAU) festival-June 9 and 10-Heru will send information to Owen-clients are not limited to Asian it is open to all. AAU is a diverse community based organization that offers services in 21 different languages.</p> <p>Kathryn requested that someone from EHAC present to UCAN. Next meeting is in April. She will send invitation to the next UCAN meeting and encouraged representatives to send a member of their community. Next meeting is April-send out with minutes.</p> <p>Hispanic Health Care Task Force (HHCTF) Summit will be on April 20<sup>th</sup> at Granite School District. There is information in the CMH newsletter.</p> <p>Doriena invited all to participate in the Calvary Baptist Church Multicultural Health Fair on May 12<sup>th</sup>. She will send information to Dulce for the newsletter.</p> <p>Sylvia announced that a program that was developed to teach Hispanic ESL students about genomics in partnership with Louisa Starks from the genomics lab at U of U and the March of Dimes genetics group was presented in New York. The March of Dimes has decided to go national with this program through a grant from HERSA. Pilot study with teachers around the state-developed-may be applicable to other groups if translated and is a great tool for ESL students to learn about their heritage and genomics.</p>		
<b>Conclusions:</b>		
<b>Action items:</b> Email for membership vote List of ethnic programs on KRCL	Person responsible: CMH CMH	Deadline: March 20



Send invitation to participate in AAU festival	Heru/CMH	
Send invitation to participate in April UCAN meeting	Kathryn/CMH	
8. Adjourn and next meeting Sylvia Rickard		
Meeting adjourned around 7:30 pm		
Conclusions: Next meeting May 14, 2007		
Action items:	Person responsible:	Deadline:
Send out agenda	Matt Montoya	2 weeks prior to next meeting